Kickapoo Energy Conservation Program Application

This program provides assistance to eligible Kickapoo Tribal members through the energy conservation program to reduce energy consumption in their residence. To be considered for this program assistance you must complete this application and submit it to the Kickapoo Energy Program office. You may complete this application on line at www.ktik-nsn.gov use the KEP link or you may return the completed application to the Administration Building. You must enclose proof of utility accounts and income for all household members. All household adults must sign the application. If you have questions please call 486-9636 ext 2 to speak with a program representative.

1. List person whose name is on the utility bill if they reside in your household, otherwise list yourself.												
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4. If you are currently in an emergency situation with your utilities, please check box beside all that apply.								
You	must enclose proof of the disco	nnect, otherwise the case will not be considered an emergency.						
Your household is currently disconnected from utility service. Date of Disconnect:								
You are out of or have very little propane or wood to operate your primary heating fuel source.								
Someone in your household is using medical life support equipment operated by electricity.								
O Your utilities will actually be disconnected within 48 hours. Disconnect Date: MM DD YVYY								
5. Does anyone in the household receive food assistance benefits?								
6 Complete the information listed below for any person(s) who receives any money from:								
3	ሕግነ- T-Las Av - 6-4-12 M-20-12 ማረ (m.m. 1864, 73) ፈብላላል. ለሕ የምርር ሊላ ብዛተለከተዋቸውን ሲነው ያ-ቅር አምላዊ ሚጠላ የፈርፉ እንደነጥ የታ	me(s) of Person(s) Income is For Monthly Amount:						
cs	Child Support/Alimony	\$ 1,						
TE/DATE/A	(provide copy of court order)	20(EXA(4)) 14-23(E) 14-24(E)						
CA	General Assistance (GA)	A TO						
Sano maga comonyesta	Interest Income greater than \$50	Secretary and the secretary of the secre						
IR	per month (provide proof)	The second secon						
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RR	Railroad Retirement or Other	\$ / 0 0						
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SS	Benefits	* 1.1010						
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SI	Supplemental Security Income	\$ //						
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Name(s) of Person(s) Income is For	Monthly Amount:					
Self Employment/Farm Income	6 1 0 0					
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7. Is anyone on strike? 1/09 Last Name First	MI					
THE METER OF THE PROPERTY OF T	Mi j					
8. Fuel Bill. Place "X" over the letter which describes how you pay your he	eating fuel bill					
The fuel bill is in your name or name of another household member. Enter	er Name in space provided below.					
Your heating cost is included in your rent. Enter landlord's name and phone number in the space provided below.						
Your fuel bill is in your landlord's name and you pay either the landlord or the fuel company. Enter landlord's name and phone number in the space provided below.						
10 Your fuel bill is in the name of someone other than an adult household n	nember or your landlord					
Enter household member or name and phone number in the space provide	ded below.					
At	er including area code					
List MI GENERAL AND	Principal resident star unit					
9. Dwelling Type. Place an "X" over the letter which best describes where One family house, modular home, mobile home T Travel trailer, can						
Duplex (2 units in building)						
Apartment (3 or more units in the building) Onther. Please list:						
10. Do you live in Subsidized Housing (Section 8, Public or Senior Housing)	? Yes No.					
If yes, please list name and telephone number of landlord and/or unit in	space provided below:					
A STATE OF THE PROPERTY OF THE	er including area code					
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11. Fuel Type. Place "X" over the letter which describes fuel used by the heating	system built into your home.					
Natural Gas from Underground Lines	ማመንስ ማስነስብ ውስ ነገር የተለያ አለም ያንደ በነነሳ አንዲነ ነው። የተለያ ነገር ነው የሚያገር ላይ እንደሚያገር ነው ነገር ነው ነገር ነው ነገር ነው ነገር ነው ነገር ነ					
Other (Propane or bottled gas, kerosene, fuel oil, coal or wood). List To	Abe:					
Name of wood vendor Federal tax number	per of wood vendor					
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12. Heating System. Place an "X" over the letter which best describes the heating system built into your home, even if currently not being used.						
and the control of th	eam or Hot Water Radiators					
Engineer Cold	nted Freestanding Stove					
Appenditure Append	ood Stove or Fireplace					
Do you use this system?	NEW TRIES TO A THE PROPERTY OF					
Please list alternative system being used:	Applied the contract of the co					

months? You must enclose proof of payment.	iling \$80 or more in th	ne last 3	ej. No
If your utilities are included in the rent, have you pa	id the rent in at least :	2 of the last 3	inity partitioners.
months? You must enclose proof of payment.		\$44 22000 galangeration kanakasasta keest secrationaantana	Sansari Sansarinanga Sansarin Casarinangan Sansaring Sansarin Casarinangan Sansaring
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14. You may only make this choice one time for the ber choice. If neither is selected, your entire benefit wi Make all of my energy benefit payable to my heating. Split my energy benefit (½ to my heating vendor and	Il go to the heating ve g vendor. Enclose a o id ½ to my electric ve	ndor. copy of your heatin ndor). Enclose a co	g bill. opy of both bills.
 Please describe the type of energy c box below. 	onservation assista	nce being reques	sted in the
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Signature of Adult Household Member/Conservator	or Guardian Data E	Osetimo Talanhaus	A 5
Signature of Addit Household (viethber/Conservator	or duarman Date D	rayume relepnone	naminder
Signature of Adult Household Member	Date	Daytime Telepho	ne Number
Signature of Adult Household Member	Date	Daytime Telepho	ne Number

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